

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 01/28/02.

I. DISPUTE

Whether there should be additional reimbursement for ambulatory surgical center care services on date of service 09/26/01.

II. RATIONALE

The EOB submitted to the requestor shows an explanation code "F – Reduced according to Fee Guideline". Ambulatory surgical center care fees are not covered by the *Medical Fee Guideline* and shall be reimbursed at a fair and reasonable rate.

The respondent did not submit a response therefore this review is based solely on the requestor's information. Rule 133.307(g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. The requestor billed \$6,669.09 for the ambulatory surgical center care; the respondent paid \$900.00 leaving a balance of \$5,769.09. The requestor did not submit evidence to show that their charges were fair and reasonable or to prove the respondent's rate of reimbursement was not fair and reasonable.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Medical Review Division has determined that the requestor is not entitled to reimbursement for ambulatory surgical center care.

The above Decision is hereby issued this 27th day of August 2003.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

LLC/lc